

DENISE DAVELLA, on behalf of herself and all others similarly situated

Plaintiff(s)-Petitioner(s)

-VS-

ELLIS HOSPITAL, INC. d/b/a ELLIS MEDICINE

Defendant(s)-Respondent(s)

STATE OF NEW YORK
COUNTY OF SARATOGA

}
ss.}

I, MARK MCCLOSKEY being duly sworn, deposes and says that deponent is over the age of eighteen years and is not a party in this proceeding and resides in the State of New York.

On JULY 10, 2020

at 2:05 P.M.

Deponent served a true copy of **CIVIL COVER SHEET, SUMMONS IN A CIVIL ACTION, CLASS AND COLLECTIVE ACTION COMPLAINT JURY TRIAL DEMANDED**

bearing index number: 1:20-CV-00726-MAD- and date of filing: 6/30/2020
upon **ELLIS HOSPITAL, INC. d/b/a ELLIS MEDICINE**
at address: **1101 NOTT STREET**
city and state: **SCHENECTADY, NY 12308**

MANNER OF SERVICE}

Personal

☐ By delivering to and leaving with personally}
known to the deponent to be the same person mentioned and described in the above proceeding as the person to be served.

Suitable Age Person

☐ By delivering to and leaving with personally}
at the premises which is recipient's actual place of business/usual place of abode. Such person knowing the person to be served and associated with him/her, and after conversing with him/her, deponent believes him/her to be a suitable age and discretion.

Authorized Agent

☒ By delivering to and leaving with} **GREGORY WILLISTEN, QUALITY SERVICES PATIENT SAFETY**
the agent for service on the person in this proceeding designated under 311 CPLR . Service having been made to such person at the place, date and time above.

Affixing to Door, Etc.

☐ By affixing a true copy of each to the door of the actual place of business, dwelling place or usual place of abode stated above. Deponent was unable with due diligence to find the proper or authorized person to be served, or a person of suitable age and discretion at the actual place of business, dwelling place or usual place of abode stated above after having called there on the following dates and times:

Mailing

☐ Deponent completed service by depositing a true copy of each in a postpaid, properly addressed envelope in an official depository under the exclusive care and custody of the United States Postal Service. The package was labeled "Personal & Confidential" and mailed to the person stated above at address
on . The envelope did not indicate on the outside that the communication was from an attorney or concerned an action against the recipient. The envelope was mailed by ___first class mail ___certified mail ___registered mail___return receipt requested.
Certified/Registered mail #

Deponent further states upon information and belief that said person so served is not in the Military service of the State of New York or the United States as the term is defined in either State or Federal statutes.

DESCRIPTION} deponent describes the person actually served as:

Sex: MALE Race/Skin Color: WHITE
Approximate Age: 45 years Approximate Height: 5'10"
Other:

Hair Color: BROWN
Approximate Weight: 175 pounds

Subscribed and sworn before me on} JULY 10, 2020

Notary Public, State of New York
Karen E. Rock
Qualified in Schenectady County
Number 01R06065213
Expires: October 9, 2021

219885

NLS #: 20-5540

MARK MCCLOSKEY
Deponent